

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	A.H.	12192	11/5/00
O.I.P.E. CLASSIFIER	M.T.V.	59	01-11-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	AB	#107033	2-4-00

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A App:al
 O Objected

Claim	Date
Final	
Original	02/08/00
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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